

Kentucky DPH – WIC User Authorization Request for eReports Access

I HEREBY AUTHORIZE THAT: _____ WITH USER ID: _____
(Name of Employee) (KY Number)

Employee Phone #: (____) _____ Work Email Address: _____

BE GRANTED ACCESS TO THE WIC ELECTRONIC REPORTS (eReports) FOR THE INDICATED SITE(S):

County/District/HID: _____

WIC Site #'s/Site Name:

Note: LHD Employee will *only* be granted access to the site(s) listed above.

I understand that the proper disposition of the information retrieved, viewed and/or entered lies with the authorized person (user) and the Local Health Department (LHD).

LHD Authorized Printed Name: _____

LHD Authorized Signature: _____ Date: _____

DPH/WIC Authorized Signature: _____ Date: _____

FAX completed WIC E-Report security request form to Jennifer Wyatt at (502) 564-8389

For CDP/State Agency Use Only

Date Received: _____ Date Completed: _____

User Name Assigned: _____

Assigned by: _____